Title
Reaching Out to Youth About Trauma: Adolescent Rapid Screening Validation Pilot

Journal
Journal of Adolescent Health, 62(2)

ISSN
1054-139X

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Publication Date
2018-02-01

DOI
10.1016/j.jadohealth.2017.11.029

Peer reviewed

SAHM 2018

Title: Reaching Out to Youth about Trauma: Adolescent Rapid Screening Validation Pilot

Background: Despite high global prevalence rates of adolescent trauma exposure and increasing evidence of lifelong health impacts, screening for trauma in adolescent health care settings is inconsistent.

Purpose: To identify an effective rapid screen for post-traumatic stress disorder (PTSD) symptoms in a group of diverse, immigrant and underserved early adolescents by comparing brief PTSD symptom screens validated for use in adult primary care settings to a longer questionnaire validated with children.

Methods: This pilot study examined the accuracy of two brief trauma screening tools, the PTSD Checklist 2 (PCL-2) and the Primary Care PTSD Screen for DSM-5 (PC-PTSD) to identify youth experiencing symptoms of trauma, compared with a longer tool validated for use with adolescents (PTSD Reaction Index for DSM 5). Screening tools were administered to 77 youth (ages 12-15 years) at three school-based health centers (SBHCs) in Northern California with a high proportion of low income and immigrant clients. Only youth who had already been screened for depression, trauma and substance use at their SBHCs and offered behavioral health services, if indicated, were recruited for the study. Average scores, ranges and standard deviations were compared for youth who scored above and below clinical cutoffs on the PTSD Reaction Index. Sensitivity, specificity, positive and negative predictive values (PPV and NPV) and likelihood ratios were calculated. Focus groups were conducted to obtain qualitative feedback on the screening questions. Equal numbers of boys and girls participated in screens: 64% were Latino, 13% African American, 16% Asian/Pacific Islander, and 8% Other.

Results**:** In this sample, 8% met DSM-5 criteria for PTSD. Analyses revealed that the PC-PSTD demonstrated high sensitivity (100%) and specificity (83%) with adolescent clients when using a cutoff score that was slightly lower than that recommended for adult populations. Similarly, the PCL-2 demonstrated high sensitivity (83%) and specificity (85%) when using a lower cutoff score. Both tools also had high NPV (100% PC-PTSD and 98% PCL-2), but low PPV (33% and 31% respectively). During focus group discussions, youth noted several questions that were difficult to interpret or were not specific to youth who had been traumatized. Participants endorsed the importance of reaching out to youth who had been traumatized, felt questions about frequency of symptoms were harder to answer than yes-no about symptom presence, and disputed that questions related to sleep, inattention, fighting, and being on guard were only specific to youth who had experienced trauma.

Conclusions: Both the PCL-2 and the PC-PTSD screens had good sensitivity and specificity, but youth may be answering these screening questions without understanding them fully. Studies are needed to refine questions to develop a more effective short screen and to compare results with culturally sensitive, recommended or validated depression, anxiety and substance use screens in order to disentangle symptom clusters. Future research also needs to recognize that the

synergy of community-trauma and individual trauma may be so prevalent that it overshadows individual adolescent perceptions and ensure that screening tools address this contextual issue.